

North Carolina Public Manager Program Application Checklist

- u Legibly Hand-written or Typed Application Information
- u Immediate Supervisor's Signature
- u Agency/University Training Coordinator Signature
- u Division/Institution Head Signature
- u Elected/Appointed Agency Head/Chancellor or Designee Signature
- u Chief Fiscal Officer or Designee Signature
- u Written Description of Managerial Role
- u Written Statement of Personal Reasons for PMP Eligibility (Signed by Supervisor)
- u Completed PMP Course Schedule Form
- u All Application Items Completed

Application Deadline: _____

**North Carolina Public Manager Program
Application**

Deadline: April 19 2005

NAME _____ PREFERRED/NICK NAME _____ SS# _____ - _____ - _____

AGENCY/UNIVERSITY _____

INSTITUTION/DIVISION _____

WORK/JOB TITLE _____

PERSONNEL CLASSIFICATION TITLE _____

WORK ADDRESS: *INTEROFFICE*

_____ *or COURIER*

_____ *or US MAIL (if no COURIER)*

_____ (ZIP) _____

E-MAIL ADDRESS: _____

WORK PHONE # (_____) _____ EXT _____ FAX # (_____) _____

IN CASE OF EMERGENCY - HOME PHONE #: (_____) _____ CELLULAR (_____) _____

SPECIAL NEEDS: Visual Hearing Mobility Other: _____
Please specify

I. EDUCATION

Check highest level of education completed:

- ☐ **Less than** a High School Diploma
☐ High School Diploma/Equivalent
☐ Associate Degree
☐ **Less than** a four year college degree

Check highest degree earned:

- ☐ Baccalaureate
☐ Masters
☐ Doctorate

Major(s): _____

I understand PMP instruction is at the college level and I am confident that my reading, writing and verbal abilities are at that level. Yes No

II. MISCELLANEOUS (for PMP participant data bank)

Gender: _____ Age _____ Race/Ethnic Group _____ Myers-Briggs Type _____

Years w/NC state government _____ Years NC state government manager _____ Years manager elsewhere _____

III. TRAINING: List by course/program title and date completed all supervisory/management training

Course/Program	Date	Sponsor	Course/Program	Date	Sponsor

IV. **MANAGERIAL EXPERIENCE:** (Please review the "PMP Selection Guidelines," AND attach to application your written responses to the following items. Use as many additional sheets as necessary to provide as complete an explanation as possible.)

- A. Describe your managerial role, including in specific detail your supervisory responsibilities.
- B. State the reasons you think you meet the guidelines for admission to the PMP.

V. **COMMITMENTS**

A. **NOMINEE:** As an applicant for admission to the PMP, I have read and understand the program requirements and the nature of the program and COMMIT TO:

- Fully participate in all components of the program,
- Attend all scheduled courses (listed in Attachment A of the Selection Guidelines), **AND**
- Complete each assignment in the specified time frame.

I ALSO COMMIT TO:

- A willingness to learn
- Actively engage in the learning process **AND**
- Apply workshop learnings back on the job

SIGNATURE _____

DATE _____

B. **NOMINEE'S Immediate Supervisor.** I COMMIT TO:

- Supporting the nominee's participation in the PMP.
- Development of the nominee's managerial skills, knowledge and abilities.
- Encouraging and supporting the nominee's application of PMP learnings on the job and providing feedback about his/her performance.

I will include participation in the PMP as part of the nominee's work plan until the program is completed.

To the best of my knowledge only the following work-related circumstances would interfere with the nominee's attending scheduled courses (see Selection Guidelines, Attachment A for all course dates).

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I have read and verify the descriptions of the nominee's managerial role and concur with the reasons the nominee gives regarding his/her meeting the guidelines for enrollment in the PMP.

NAME _____ DATE _____

SIGNATURE _____

MAILING ADDRESS IF DIFFERENT FROM NOMINEE'S _____

C. **AGENCY/UNIVERSITY TRAINING COORDINATOR CERTIFICATION:** I certify that the nominee

1. Has successfully completed with a minimum examination score of 90 either:
 - a. Fundamentals of Management
 - OR**
 - b. Supervision for Managers/Professionals
2. Has successfully completed or is scheduled to complete by the end of first year of the PMP:
 - a. The introductory module and modules 2, 3, 6, 7, and 8 of Interaction Management,
 - OR**
 - b. The agency/university Performance Management Training consistent with current state policy.
 - c. Equal Employment Opportunity Institute: Date EEOI completed _____.
If this has not been completed, OSP will schedule sessions for PMP participants.

AGENCY/UNIVERSITY TRAINING COORDINATOR

SIGNATURE _____ DATE _____

- D. **ENDORSEMENT:** Agency/University Executive Management: This nominee has our full endorsement and support to participate in the PMP and this Agency/University will pay the registration fees, provide the time, any travel expenses (at existing mileage and subsistence rates to and from the work site to the Personnel Development Center in Raleigh), and reasonable staff resources to enable the nominee to complete all the requirements.

DIVISION/INSTITUTION HEAD

SIGNATURE _____ DATE _____

ELECTED/APPOINTED AGENCY HEAD/CHANCELLOR OR DESIGNEE

SIGNATURE _____ DATE _____

- E. **REGISTRATION FEE.** Each participant's registration for the PMP will be broken down into separate invoices based on number of classes completed in a fiscal year. Each invoice will indicate the cost for the current time period. Total cost **\$900.00 per participant.**

Invoice 1 = \$450.00, Invoice 2 = \$450.00.

Chief Fiscal Officer or Designee: _____ Date _____

For DHHS use only:

Account/Center Combination: _____

Controller's Office:	Western	North Central	Eastern	Raleigh Area
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Please return application and commitment to pay participant fee(s) upon notification of acceptance by:

NC Public Manager Program
Personnel Development Center
1333 Mail Service Center
Raleigh, NC 27699-1333